## **Medicare Supplemental Plans Erie County 2016**

Insurer	Plan A	Plan B	Plan C	Plan D	Plan F	Plan HDF	Plan G	Plan K	Plan L	Plan M	Plan N	Pre-Exist wait/mth
												-
Aetna	\$229.67	\$261.52			\$305.05							(
American Progressive												
*1	\$184.66	\$257.46	\$319.74	\$317.79	\$333.42		\$310.41				\$182.11	6
Bankers Conseco	\$231.74	\$275.56			\$391.91	\$58.25	\$313.83	\$80.66	\$164.55	\$227.73	\$182.97	(
Excellus Health Plan DBA/Univera												
Healthcare	\$170.16	\$228.61	\$270.79		\$279.76	\$105.27					\$207.02	(
First United American	\$165.00	\$226.00	\$272.00	\$269.00	\$257.00	\$51.00	\$239.00	\$101.00	\$142.00		\$178.00	2
Group Health Inc (aka GHI)	\$152.57	\$204.82	\$248.11		\$250.59							
HealthNow												
DBA BC/BS	\$188.50	\$235.21	\$289.80		\$291.19	\$125.79						(
Humana	\$183.38	\$206.92	\$248.22		\$253.24	\$64.01		\$119.82	\$170.76		\$157.78	<u> </u>
Mutual of Omaha	\$185.99	\$285.42	\$343.41	\$300.69	\$353.90		\$285.31			\$292.91		
United Healthcare (AARP Program)	\$108.25	\$157.00	\$187.00		\$187.75			\$55.75	\$105.25		\$123.50	6

<sup>\*1 -</sup> Charges a one-time \$25 policy fee at issue

## updated 4/14/16

## **Medicare Supplemental Plans Erie County 2016**

	Α	В	С	D	F*	G	K**	L**	М	N
Hospital co-pays	•		•		•	•	•	•	•	•
	•	•	•		•	-	50%	75%	•	Except \$20 for
										doctors visits
Part B Coinsuance Coinsurance for Part B services, such										and \$50 for
as doctors' services, durable medical equipment and										Emergency
hospital outpatient services.										visits
	•	•	-	•	•	-	50%	75%	•	-
First three pints of blood										
		•	•	•	•	-	50%	75%	•	-
Hospital deductible										
			•	•	•	•	50%	75%	50%	•
Skilled Nursing Facility co-pays										
			•		•					
Part B annual deductible-\$163										
Part B Excess Charges Benefits 100% of Part B excess					_	_				
charges. (Under federal law, the excess limit is 15% more					•	-				
than Medicare's approved charge when provider does										
not take assignment; New York State Law, the excess										
limit is 5% for most services.)										
,										
Emergancy Care Outside the US 80% of emergency care										
costs during the first 60 days of each trip, after an annual										
deductible of \$250, up to a maximum benefit of \$50,000.			•	•	•	•			•	•
deductible of \$250) up to a maximum benefit of \$50,000.	•		•							
	-	-	-	-	-	-	-	-		
100% of coinsurance for Part B- covered preventive care										
services after the Part B deductible has been paid.		_	_	_	_	_	F00/	750/	_	_
	•	•	•	•	•	•	50%	75%	•	-
<u>Hospice Care</u> Coinsurance for respite care and other Part										
A-covered services.										

Not all plans are available in all areas.

## **Medicare Supplemental Plans Erie County 2016**

Medicare Supplemental Plans Contact						
Aetna	1-800-345-6022	www.aetna.com				
American Progressive	1-800-332-3377 ext 183	www.amerprog.com/products				
Bankers Conseco	932-9010	www.bankersconseco.com				
Blue Cross and Blue Shield of WNY, Inc.	1-800-248-9296	www.bcbswny.com				
First United American	1-800-331-2512	www.firstunitedamerican.com				
Group Health Incorporated (GHI)	1-800-624-2414	www.ghi.com				
Humana	1-800-851-1629	www.humana-medicare.com				
Mutual of Omaha Insurance Co.	(716)-839-0788	www.mutualofomaha.com				
Sterling	1-888-858-8551	www.sterlingins.com/				
United Health Care Insurance - AARP	1-800-523-5800	www.aarphealthcare.com				
Univera Healthcare	1-800-659-1986	www.UniveraMedicare.com				